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(Depositor's name) (Signature) (Date

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/087,853 03/04/2002 John Andrew Aiken JR 5577-244

TITLE OF INVENTION: METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR CLUSTER WORKLOAD DISTRIBUTION WITHOUT PRECONFIGURED PORT IDENTIFICATION

APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$300	\$1700	07/08/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
LUU, LE HIEN		2141		709-220000	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 register	nting on the patent front page, li mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a lattorney or agent) and the name ed patent attorneys or agents. If name will be printed.	a member a less of up to	s Bigel Sibley Sajovec

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignce category or categories (will not be	e printed on the patent): 🔲 Individual 💢 Corporation or other private group entity 🚨 Government			
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Date May 2, 2005

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